

Low-Beer and Phear<sup>2</sup> have shown that cerebral infarction, like cerebral hemorrhage, is associated with hypertension. In their study of 109 cases of cerebral infarction, proved at autopsy, the mean blood pressure before the stroke was in the region of 200/110 mm. Hg, and in two-thirds of these cases the blood pressure did not fall at the time of the stroke.

The factors predisposing to either of these accidents, on the same background of cerebral ischemia, are unknown, but acute lowering of the blood pressure does predispose to infarction. This type of lesion commonly occurs during sleep when the blood pressure is at its lowest.

A leading article in a recent issue of *Lancet*<sup>3</sup> draws attention to the extracerebral rather than the intracerebral arteries and to the entire cerebral circulation rather than the artery supplying the affected part. There is no direct correlation between the site of the lesion and the artery in the neck in which the greatest degree of narrowing exists. This suggests that the circle of Willis usually remains an effective anastomosis even when advanced arterial disease is present. Such disease is usually greatest at the origin of the internal carotid and the vertebral arteries and is due to narrowing by atheroma, with the occasional superimposition of old or recent thrombosis. Surgical reconstructive therapy in such cases is directed to the improvement of the blood flow through the circle of Willis, and where both the carotid and vertebral arteries are stenosed, a good clinical result may follow correction of the carotid obstruction. However, surgical therapy rarely dispels established symptoms, and results are best in patients with transient and intermittent symptoms.

## REFERENCES

1. DICKINSON, C. J. AND THOMSON, A. D.: *Clin. Sc.*, 19: 513, 1960.
2. LOW-BEER, T. AND PHEAR, D.: *Lancet*, 1: 1303, 1961.
3. Leading Article: *Ibid.*, 1: 1329, 1961.

## THE TEEN-AGE DRIVER AND TRAFFIC SAFETY

THE serious hazard posed by the mounting toll of traffic accidents is a direct concern of the medical profession in Canada. This problem is under intensive study by Committees on the Medical Aspects of Traffic Accidents appointed by The Canadian Medical Association and several of its Divisions. The interest of organized medicine in this field is evidenced by the continuous activity of these committees and by a steady flow of recent publications on this subject.

Available statistics indicate impressively that drivers in their teens and early twenties constitute a vulnerable age group that is particularly prone to involvement in traffic accidents. Intensive efforts are being concentrated toward the improvement of driver safety among members of this age group in many centres throughout the North American continent. One of the many avenues of approach in this campaign involves the education of young and recently licensed drivers particularly from the viewpoint of attitudes, motivation, courtesy to others on the road, and plain common sense.

In this regard a recent contribution offered as a public service by the Metropolitan Life Insurance Company in the form of a slim, 15-page booklet entitled "How To Be a Better Teen-Age Driver", is worthy of note.

Copies of this pamphlet may be obtained free of charge from agents or district offices of the Metropolitan Life Insurance Company or from the Company's Canadian Head Office at 180 Wellington Street, Ottawa, Ontario. Educationalists, government bodies, traffic officials and other groups who are now engaged in active programs in the area of driver training may find this publication of value in their efforts to indoctrinate the fundamental principles of traffic safety and courtesy in Canada's drivers of tomorrow.

## SEAT BELTS AND TRAFFIC ACCIDENTS

The Canadian Highway Safety Council has recently launched a campaign to encourage the installation and use of seat belts in all motor vehicles.

It is no doubt quite obvious to the medical profession in Canada why such a program should be introduced. During the report of the C.M.A.'s Committee on the Medical Aspects of Traffic Accidents, at our 94th Annual Meeting last June, those of us present were shocked to hear that in 1960 there were a quarter of a million accidents on Canadian highways. This statement was more startling when it was revealed that over 3000 people were killed, and 90,000 were injured.

Medical interest in combating this serious health problem should be accelerated to an even greater degree than it is at the present time. As a member of the Canadian Highway Safety Council, The Canadian Medical Association fully endorses their current drive to encourage the use of seat belts. As individuals we too have an excellent opportunity to support the C.H.S.C. in their worthwhile effort to save lives.

It is my firm belief that the use of seat belts by all occupants of motor vehicles will substantially reduce loss of life and injury.

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